

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/30/04</u>		2 Serial/Patent # <u>10/608 502</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	/	<u>8/30</u>	\$ <u>130.00</u>							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;">--</td><td style="width: 20px;">3</td><td style="width: 20px;">9</td><td style="width: 20px;">7</td><td style="width: 20px;">5</td></tr></table>			0	3	--	3	9	7	5
0	3	--	3	9	7	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation): <div style="font-size: 1.2em; margin-top: 10px;">post card receipt OK</div>										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Patricia Faison-Ball</u>		TITLE: <u>Attorney</u>									
SIGNATURE: <u>Patricia Faison-Ball</u>		PHONE: <u>10604502 2-3212</u>									
OFFICE: <u>Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>11/30/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**